STATE OF HAWAII — DEPARTMENT OF TAXATION RENTAL MOTOR VEHICLE, TOUR VEHICLE, AND **CAR-SHARING VEHICLE SURCHARGE TAX ANNUAL RETURN & RECONCILIATION**



• ATTACH CHECK OR MONEY ORDER HERE•

Fill in this oval ONLY if this is an AMENDED return

	NAME:						Last 4 digits of yo	ur Fl	EIN or SSN		
		COLUMN A	T	COLUI	MN B		COLUMN C		COLUMN D		7
		Car-Sharing Vehicle Surcharge Tax — Enter Number of Car-Sharing Ve Half-Hours After Dec. 31, 3	the hicle	Rental Moto Surcharge Tax Number of Renta Days After Ju	or Vehicle — Enter th	icle	Tour Vehicle Surcharge Enter the Number of Vehicles Carrying 8 - Passengers	Tour	Tour Vehicle Surcharge Enter the Number of Vehicles Carrying 26 of Passengers	f Tour	- -
1	OAHU DISTRICT										1
2	MAUI DISTRICT										2
3	HAWAII DISTRICT										3
4	KAUAI DISTRICT										4
5	TOTALS (Add lines 1 through 4 of Columns A through D)										5
6	RATES	\$0.25		\$3	3		\$15		\$65		6
7	TAXES (Multiply line 5 by line 6 of Columns A through D)				(00		00		00	7
8	TOTAL TAXES DUE. Ad activity for the period, enter	ld line 7, Columns A thr	ough D	and enter resu	ult here. If	you	ı did not have any				8
				PENAL							"
	Amounts Assessed during the	-		IINIL							9
	.TOTAL AMOUNT. Add li				. 						10
11	TOTAL TAXES PAID ON MONTHLY, QUA										
	(and the Annual Return if this is an Amer TAX YEAR. RECONCILIATION ON PAGI	*			11						11
12	Additional assessments paid				12						12
	PENALTIES \$				13						13
	TOTAL PAYMENTS MADE FO				14						14
	CREDIT CLAIMED ON ORIGINAL A	·		,	15						15
16	. NET PAYMENTS MADE. Line	e 14 minus line 15									16
17	CREDIT TO BE REFUNDED.	Line 16 minus line 10									17
18	ADDITIONAL TAXES DUE.	Line 10 minus line 16 .									18
10	FOR LATE FILIN	IG ONI Y	→	PENAL							19
	TOTAL AMOUNT DUE AND		-	INTERE						+	20
	PLEASE ENTER THE AMO "HAWAII STATE TAX COLLEC your Hawaii Tax I.D. No., and your de P.O. BOX 2430, HONOLULU, HI 96	UNT OF YOUR PA CTOR" in U.S. dollars dr aytime phone number on you	YMEI awn or ur check	NT. Attach a con any U.S. bank or money order.	check or m to Form Mail to: HAV	none RV-3 VAII D	ey order payable to 3. Write "RV", the filing period DEPARTMENT OF TAXATION	d, I,			21
	DECLARATION: I declare, provisions of the Rental Mot									ce with	the
	IN THE CASE OF A CORPORATION OR PA	RTNERSHIP, THIS RETURN MUST	BE SIGNE	D BY AN OFFICER, PAR	RTNER OR ME	MBER,	, OR DULY AUTHORIZED AGENT.				

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Name:		_
HAWAII TAX I.D. No. RV		
Last 4 digits of your FEIN or SSN	TAX YEAR ENDING	1M/DD/YYYY

RECONCILIATION OF TAX PAYMENTS

PAYMENT OF TAXES BY MONTHS IF MONTHLY RETURNS WERE FILED, QUARTERS IF QUARTERLY RETURNS WERE FILED, OR SEMIANNUAL PERIODS IF SEMIANNUAL RETURNS WERE FILED. ALSO ENTER THE PAYMENT MADE WITH THE ANNUAL RETURN, IF APPLICABLE.

	APR \$ MAY \$ JUN \$				
1st QTR \$	2nd QTR \$	3rd QTR \$	4th QTR \$		
1st SEMIANNUAL PERIOD S	\$	2nd SEMIANNUAL PERIOD \$			
ANNUAL \$					